## Case 3:23-cv-03775-DWD Document 116 Filed 12/19/25 Fled 1 of 65 Page ID

For The Southern District OF Illinois

SCANNED at MENARD and E-mailed
SCANNED at MENARD and E-mailed  19/19/25 by 700 1999 pages  Date Initials No.
) Case No. 23-cv-3775 -DWD
Honorable Judge: David W. Dugun.

Supplemental Filing To Attached Exhibits Necessary To Fulfill N. Flerence's Production of Documents Discovery Regnest to Go Along With Plaintiff's Response Motion To Deny-Defendant Nicholas Florence, M. Di's Motion To Deen Requests To Admit Admitted Russmant To Rule 36 (a) (3)".

This plaintiff, Keith Aller-Mal830, grose, files the above mentioned motion, to include the attached Exhibit documents to be included with fulfilling IV Florence's Discovery froduction of Documents Eggnest, and states as fullows:

1.) Plaintiff is filing this supplement Filing to include the exclosed attached exhibits excessivy to supply the documents to fulfill N Elorence's Discovery Production of Documents request that plaintiff attached as an Exhibit to his previously filed motion titled:"

Plaintiff's Response Motion To Deny - Defendant Nicholas Elorence, M. D.'s Metion To Deem Sequests To Admit Admitted Pursuant To Rule 36 (a)(3)", filed on 12/16/25 via E-151e consisting of 51 pages to the District Court of The Southern District of Filinsis, decante due to Menard Percenticul Conter's folicy of only being able to E-File more more than 150 pages at a time, he had to send those attached documents in dhissoperate filed motion a supplemental filing to the initial motion inorder to have it E-Filed, or else plaint want have had to send the Metion via U.S. Postal Service (See Exhibit # 2 attached a) In response to Plaintiff's Response to N. Florence's Production of Documents into Dissovery Request, Maintiff's Response to N. Florence's Production of Documents into Dissovery Request, Maintiff's Response to N. Florence's Production of Documents into Dissovery Request, Maintiff's Response to to be attached to plaintiff's Page (D) of (3).

- Response to N. Florence's Production of Documents Motion, to be supplemented to his previous motion Aled in 12/16/25 titled: "Mintiff's Response Motion To Deny-Defendant Nicholas Florence, M. D. 15 Motion titled: "Requests To Admit Admitted Pursua To Rule 36 (a)(3)".

3.) As previously stated, Defendant - Nictoreace Micady has in his passession all's documents plaintiff has in his possion, at this moment which consists of the verified complaint and the 450 or so exhibits attached thereto, and all the documents Nictore's attorney received in discovery requests in support and preparation that he obtained and seat plaintiff when he filed the lartial summary Indigenent motion for failure to exhaust Administrative remedies and motion to discoiso, until plaintiff or receives the reques for documents subposses he sent certified mail to the Litigation Coordinator, Souther Illinois Healthcare, Brain and Spine Institute, Medical Records officer Supervisor, The Orthogo edic Institute of Southern Illinois, for medical records on 11/25/25, and plaintiff as to date have not received a response nor any of the requested subpossed medical requested records yet, but plaintiff will be able to provide a copy to defendants when received.

Beith Allen-M21830 Menard Correctional Center P.D. Box 1000 Menard, IL. 62259 Respectfully Subssitted, Heith Aller-M21830 By: Heith aller 100 Se - Plaintiff

"Certificate OF Service"

I, Keith Aller-M21830, hereby certify that on 12/17/25, I caused the foregoing to be served on defendant via Meroy Cyrrectional Center's Institutional mail, sent to law library Clerk taff, of the motion titled: "Supplemental Filing To Include Attached Exhibits Necessary To Fulfis 1. Florence's Reduction of Documents Discovery Request to Go Along With Plaintiff's Response Motion To sory-Defendant Nicholas Florence, M.D. Motion To Deen Requests To Admit Admitted furomant ?

241e 36 (1) (3)", along with attached Exhibit 21, and 140 pages of medical records, to be

E-filed to , The black of the lovet, Maited States District Court, 750 Missouries.  Respectfully Subscutter,  Respectfully
Respectfully Submitted,
(S) Neith allen
1 / plantit - Pre Se, Keith Aller - M21830



#### UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF ILLINOIS prisoner.esl@ilsd.uscourts.gov

#### ELECTRONIC FILING COVER SHEET

Pleas the U	e complete this form and include it when submitting any type of document, letter, pleading, etc. to I.S. District Court for the Southern District of Illinois for review and filing.  Allen Heith Name  ID Number
	Please answer questions as thoroughly as possible and circle yes or no where indicated.
1.	Is this a new civil rights complaint or habeas corpus petition?  Yes or No
	If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254
2.	Is this an Amended Complaint or an Amended Habeas Petition? Yes or No
	If yes, please list case number:
	If yes, but you do not know the case number mark here:
3.	Should this document be filed in a pending case? Yes or No
	Should this document be filed in a pending case?  If yes, please list case number: 23-00-3775-Dwo
	If yes, but you do not know the case number mark here:
4.	Please list the total number of pages being transmitted:
5.	If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.
	Name of Dogument

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

Case 3:23-cv-03775-DWD	Document 116 Filed 12/19/25 Page 5 of 65 Page ID  LIBRARY R  Date: 12/10/25 Seat#
	Name: heith Aller 10# 10# 10 21830 Cell# 15 33
	Case Law Request
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The state of the s	I would like to E-File the enclosed & Motion titled "Maint
	Twoold like to E-File the enclosed? Motion titled "Maint the Response Mitter To Deep Defendent Nicholas Florence, M. U.F. Motion to Deem Resports To Admit Admitted Pursuant 73 Rule 36/38/ pages are attached Exhibito "5, 02 13 4 and approximately 250
	motion, exhibito, and Documento attached the deck of this
	Muited States District Court 1750 Missouri Hve., East St. Louis
	2
	3.
	4.
	Comments/Miscellaneous
E	1.
	2.
	7.5 3. <u></u>
	Completed date:
- +	



## **Certification of Service**

SECTION I: Certification	of Service information (Completed b	y Wexford Health Sources)				
Individuals Name:	Allen, Keith					
Inmate Number:	M21830	DOB: 6/4/88				
Consultant's Name:	OISI					
Service Approved:	Ortho F/U					
Date of Service:	9/27/22					
Reference Number:	26706742					
Correctional Facility:	Menard Correctional Center, 711 Kaskaskia	Street, Menard, IL 62259				
Medical Director and Phone Number:	Dr. Glen 8abich (618)-626-5071					
Contact Person And Phone Number:	826-5071 ext. 2467 FAX #: (618)-826-1746					
		711 Kaskaskia Street, Menard, IL 62259				
	10/4 (200 Hz)					

## SECTION II: Instructions for /Consultant's Office

- 1. If the service to be provided is different than stated above, please call the Utilization Management Department at 1-877-WEX-AUTH (877-939-2884) or 1-800-353-8384.
- 2. IMPORTANT: Attach this Certification of Service Form to the claim and send to the appropriate address for processing (see below). All invoices must include the <u>reference number</u>.

NOTE: Any services rendered at this visit which have not been previously certified for approval as noted on this form may not be eligible for reimbursement.

FLORIDA:

Wexford Health Sources, Inc. Claims Department P.O. Box 16268 Pittsburgh, PA 15242-0268 MARYLAND:

Wexford Health Sources, Inc. Claims Department P.O. Box 16471 Pittsburgh, PA 15242-0771 **ALL OTHER CLIENT CLAIMS:** 

Wexford Health Sources, Inc.
Claims Department
P.O. Box 16218
Pittsburgh, PA 15242-0218

3. Please forward all consultant and procedure notes, lab and x-rays results that are completed to the medical department of the correctional facility.

in no event shall Wexford Health Sources, Inc. be responsible for the provision of or payment for medical services provided to the above named inmate after such time as the inmate has been released from the custody of the department of corrections.

# Health Status Transfer Summary

Food Handler Appr	Pril Hamb		
20.095	Cauro 3	गाश र प	8:21
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Individual to Custody's Medical Record Transferring Pacifity Recobbon Pacifity

Printed on Recycled Pape

DOC 0090 (Rev 9/2021)

ken	*BEGIN USING FROM BOTTOM UP		
		}	WIC
State of Lilinois	PRESCRIPTION ORDER		
Dept. of Corrections	Chart Copy (Not a prescription)		
Patient ALLEN, KEITH	Reg. # M21830	Data	010700
Problem: NKDA	44	Daig.	02/27/22
ORDER: (Physician's Signature After D/C Cymbelte	Last Order)		
Start Cymbalta 90mg PO QHS x 5 (	nonths		
DEAfilinois Lic. #	Physician (Print) Robert	Glenn	
May Substitute	11-11-		
May Not Subetilis	nto CO		М.
CO-HII	oted by:	Oate:	3/1/33
State of Illinois Dept. of Corrections	PRESCRIPTION ORDER Chart Copy (Not a prescription)		
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Page ID

FROM 6188261746

(THU)SEP 28 2023 11:32/ST.11:31/No.7531758438 P 2

aWy	actord	Bealth
A 11 E	ICES INC	CRPORATED

# **'URGENT' Request for Release of Nosmital Records**

ismals grasmo:	Allen,	heith_		inmate number:	M2183	^
Rospite II :	0151	343		Dates of service:	8.3.2	
Correctio nail facility:	Menard Correction	onal Center	711 Kaskaskia Street Menard, Illinois 62269	Fax number:	630-645-37	
Contact reame:	H. Rodgers	<u> </u>		Phone number:	618-826-507	
Rison PCP:	Dr. Gien Babich			Date of birth:	6.4.	
Requesterd Information	ın;			·		100
All hospital red	cords from above date				W	
History and phy	sical					
Lab reports:						
Imaging studies:						
Progress notes						
Consultant notes:	ÿ		. *.	72		
Operative reports:	<u> </u>		***			
Discharge summa	ry				•	
**Please The requested informati Please call the contact liste		diately for the contact to the conta	on to the fax num engoing evaluation a his matter is appreci	ind treatment of the	referenced pati	ant. Your
Attempt 1: Date:	1.4.23	Time;	In	nitials. HR		
Attempt 2: Date:	7.28	Time:	fn	itials: 120		
Attempt 3: Date:			20.	lials:	<u> </u>	
						8, 2015

FRON 6 188261 /46

(THU) SEP 28 2023 11:32/ST. 11:31/No. 7531758438 P

mai 830

# FACSIMILE COVER SHEET

PHONE:	8188	FROM: PHONE: FAX: CONTACT	Menard Correctional C 711 Kaskaskia Street Menard, Illinois 62259 618-826-5071 Ext. 24 630-645-3721 or 618- Hannah	108
	CONF	IDENTIA	L	
AURGENT DFOR	YOUR REVIEW	2 REPLY	ASAP DPLEASE (	COMMEN
*?\	For Contin		cords request	<b>*</b>
*7			s fax number	< <del>+</del>
***PL	EASE SEND RESP	ONSES TO	630-645-3721***	
This message is intended onle contain information that is pure if the reader of this message distribution or copying of this communication in error, please	ivileged, confidential a is not the intended reci s communication is stri	nd exempt from pient you are he ctly prohibited.	n disclosure under applicate reby notified that any discrete for the light of the l	able law. semination,

PAGE 15 - RCVD AT 9/28/2020 11:40:10 AM [Central Day/Egitk Time] \* EVR: 8.0848/FAX03/19 \* DNI8:5004453721 \* C9ID:5183640557 \* ANI:10:225.188.30:32305,5183648600 \* DURATION

			Origon	Destination	Gate Violator	Parent Institution	Discharge Date
Offender	Offender Status	Movement Date Movement Type	MENARD REC	MENARD	No	MENARO	EMODE JO DAY
A21830 ALLEN,KEITH	N CUSTODY	11/8/2023 12:06 LOCATION CHANGE		MENARO RSC	No	MENARD	
A21830 ALLEN, KEITH	IN CUSTODY	11/3/2023 11:23 LOCATION CHANGE	MENARO	MENARO	No	MENARD	
A21830 ALLEN,KEITH	IN CUSTODY	N/1/2023 10:15 FUNLOUGH RETURN	FURLOUGH			MENARD	
M21830 ALLEN, KETTH	MEDICAL FURLOUGH	8/3/2023 6:30 MEDICAL FURLOUGH OU		FURLOUGH	No	MENARD	WANTED TO THE PARTY OF
M21830 ALLEN, KEITH	IN CUSTODY	3/20/2023 9:50 FURLOUGH RETURN	FURLOUGH	MERARD	No		And the second second
421830 ALLEN, KEITH	MEDICAL FURLOUGH	1/70/7003 6:20 MEDICAL FURLOUGH OU		FUNLOUSH	No	MENARD	
M21830 ALLEN,KEITH	IN CUSTODY	3/3/2023 15:20 FURLOUGH RETURN	FURLOUGH	MENAIO	No	MENARD	
HTIBY, MBILLA DEBISA	MEDICAL FURLDUCH	3/3/2023 6:50 MEDICAL FURLDUCH OU		FURLOUGH	No	MENAND	
M21830 ALLEN,KEITH	IN CUSTODY	2/17/2023 9:11 LOCATION CHANGE	MENARDREC	MENARO	No	MENAND	
M21830 ALIEN,KEITH	IN CUSTODY	2/7/2023 9:15 LOCATION CHANGE	MENARD	MENARO RAC	No	MENARD	
M21830 ALLEN,KEITH	IN CUSTODY	2/3/2023 9:50 FURLOUGH RETURN	FURLOUGH	MENAIO	No	MENAND	
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M21830 ALLEN,KEITH	MEDICAL FURLOUGH	11/ES/2022 7:21 MEDICAL FURLOUGH OU	MENARO	FURLOUGH	No	MENARD	
M21830 ALLEN, KEITH	IN CUSTODY	9/27/2022 13:50 FURLOUGH RETURN	FURLDUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLOUGH	9/27/7022 8:56 MEDICAL FURLOUGH OU	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN,KEITH	IN CUSTODY	6/17/2022 17:30 FUILLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KEITH	MEDICAL FURLIDUIGH	6/17/2022 13:37 MEDICAL FURLIDUEH OU	MENARD	FURLOUGH	No	MENARD	
M21830 ALLEN, KETTH	IN CUSTODY	2/8/2022 11:45 FURLOUGH RETURN	FURLOUGH	MENARD	No	MENARD	
M21830 ALLEN, KETTH	MEDICAL FURIDIUSH	2/8/2022 7:25 MEDICAL FURLOUGH OL	MENARD	FURLOUGH	No	MENARO	
M21830 ALLEN, KEITH	en CUSTODY	4/5/2017 17:08 TRANSFER IN	TRANSPORTATION	MENARD		MENARD	
M21830 ALLEN, KETTH	en CUSTODY	4/5/2017 9:50 TRANSFER OUT	PONTIAC	MENARD		PONTIAC	
M21830 ALLEN,KEITH	IN CUSTODY	4/1/2016 14:29 TRANSFER IN	TRANSPORTATION	PONTIAC		PONTIAC	
M21830 ALLEN, KETTH	IN CUSTODY	4/1/2016 12:48 TRANSFER OUT	STATEVALE	PONTIAC		STATEVILLE	
MZ1830 ALLEN, KEITH	IN CUSTODY	6/10/2014 13:20 LOCATION CHANGE	MORTHERN R&C	STATEVILLE		STATEVILLE	
M21830 ALLEN, KETTH	IN CUSTODY	6/4/2014 16:00 TRANSFER IN	TRANSPORTATION	NORTHERN R&C		STATEVILLE	
M21830 ALLEN, KEITH	IN CUSTODY	6/4/2014 14:36 TRANSFER OUT	PONTIAC	STATEVILLE		PONTIAC	
M21830 ALIEN, KETTH	IN CUSTODY	8/14/2013 14:05 TRANSFER IN	TRANSPORTATION	PONTIAC		PONTIAC	
M21830 ALLEN, XEITH	IN CUSTODY	8/14/2013 6:50 TRANSFER OUT	MENARD	PONTIAC		MENARD	
M21830 ALIEN, KETTH	IN CUSTODY	9/18/2011 18:21 WRIT RETURN	COURT	MENARD		MENARD	
M21830 ALLEN,KEITH	WRIT	9/13/2011 7:47 WWF OUT	NORTHERN RAC	COURT		MENAID	
M21830 ALLEN, KEITH	TEMP RESIDENT	9/7/7011 17:10 TEMPORARY IN	TRANSPORTATION	NORTHERN REC		MENAND	
M21830 ALLEN,KETTH	IN CUSTODY	9/7/2011 6:15 WWT OUT	MENARD	STATEVILLE		MENAND	
W21830 ALLEN, KERTH	IN CUSTODY	7/13/M11 17:35 TRANSFER IN	TRANSPORTATION	MENAND		MENAND	
	RECEPTION	7/13/2011 8:00 TRANSFER OUT	NORTHERN REC	MENARD		STATEVILLE	
M21830 ALLEN,KETTH			ADMISSION	NORTHERN RBC		STATEVILE	
121830 ALLEN, KEITH	RECEPTION	6/16/2011 10:26 ADMIT IN	WDM1724CM	NORTHERNIKE		SIMICANTE	

Document 116 Filed 12/19/25

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#2388

Date: 2/26/2024 Time: 9:25am **Menard Correctional Center Trust Fund** 

Page 1

d\_list\_inmate\_trans\_statement\_composite

**Inmate Transaction Statement** 

REPORT CRITERIA - Date: 08/01/2021 thru 02/26/2024; Inmate: M21830; Active Status Only ?: No; Print Restrictives; Transaction Type: All Transaction Types; Print Furloughs / Restitutions ?: Yes; Include Inmate Totals ?: Yes; Balance Errors Only ?: No; Statewide ?: No Print Restrictions ?:

Inmate: M21830 Allen, Keith

Housing Unit: MEN-W -03-23

Date	Source	Transaction Type	Batch	Reference #	Description		Amount	Balance
						Beginning	Balance:	409.03
08/05/21	Payroll	20 Payroll Adjustment	2171226		P/R month of 7 2021		13.00	422.03
08/07/21	Mail Room	10 Western Union		8237964560	Johnson, Bobbie Jeane		40.00	462.03
08/09/21	Point of Sale	60 Commissary		1518982	Commissary		-153.38	308.65
8/16/21	Disbursements	88 1 year profile renewal		Chk #193969		Inv. Date:	-25.00	283.65
8/17/21	Mail Room	10 Western Union	229200	5388305853	Allen, Kevin		300.00	583.65
8/18/21	Point of Sale	60 Commissary	2307286	1520849	Commissary		-42.95	540.70
8/19/21	Disbursements	80 Postage	2313207	Chk #194241	749431, Pitney Bowes, 08/13/2021	Inv. Date:	51	540.19
8/26/21	Mail Room	10 Western Union	238200	0024089508	Strong, Crystal		50.00	590.19
8/31/21	Disbursements	84 Library	2433113	Chk #194666	750120, DOC: 523 Fun, 08/24/2021	Inv. Date:	-9.90	580.29
8/31/21	Disbursements	80 Postage	2433113	Chk #194668	749972, Pitney Bowes, 08/23/2021	Inv. Date:	-1.20	579.09
9/08/21	Mail Room	10 Western Union	251200	1757907552	Johnson, Bobbie Jeane		40.00	619.09
9/08/21	Payroll	20 Payroll Adjustment	2511226		P/R month of 8 2021		5.72	624.81
9/10/21	Mail Room	10 Western Union	253200	7569227754	Smith, Darren		50.00	674.81
9/13/21	Point of Sale	60 Commissary	2567214	1523566	Commissary		-14.00	660.81
09/15/21	Disbursements	84 Library	2583113	Chk #195723	752281, DOC: 523 Fun, 09/13/2021	Inv. Date:	-13.40	647.41
9/15/21	Disbursements	80 Postage	2583113	Chk #195728	752403, Pitney Bowes, 09/13/2021	Inv. Date:	-1.06	646.35
9/17/21	Mail Room	01 MO/Checks (Not Held)	2602207	404442776202	US Treasury		1,400.00	2,046.35
9/22/21	Disbursements	88 lawyer fees	2653113	Chk #196024	88291294, Coker, Kri, 09/21/2021	Inv. Date:	-1,600.00	446.35
0/06/21	Payroll	20 Payroll Adjustment	2791226		P/R month of 9 2021		3.08	449.43
0/07/21	Point of Sale	60 Commissary	2807307	1525185	Commissary		-29.30	420.13
0/08/21	Mail Room	10 Western Union	281200	5793350683	Johnson, Bobbie Jeane		40.00	460.13
0/15/21	Disbursements	84 Library	2883113	Chk #197437	755555, DOC: 523 Fun, 10/13/2021	Inv. Date:	-2.00	458.13
0/15/21	Point of Sale	60 Commissary	2887311	1526142	Commissary		-81.00	377.13
0/29/21	Disbursements	84 Library	3023113	Chk #198190	756081, DOC: 523 Fun, 10/19/2021	Inv. Date:	-9.20	367.93
0/29/21	Disbursements	80 Postage	3023113	Chk #198194	755959, Pitney Bowes, 10/18/2021	Inv. Date:	-1.56	366.37
0/29/21	Disbursements	80 Postage	3023113	Chk #198194	756590, Pitney Bowes, 10/26/2021	Inv. Date:	20	366.17
1/05/21	Payroll	20 Payroll Adjustment	3091226		P/R month of 102021		7.48	373.65
1/08/21	Disbursements	80 Postage	3123113	Chk #198643	756992, Pitney Bowes, 11/01/2021	Inv. Date:	-1.67	371.98
1/08/21	Disbursements	81 Legal Postage	3123113	Chk #198649	756714, DOC: 523 Fun, 10/28/2021	Inv. Date:	-1.36	370.62
1/08/21	Disbursements	81 Legal Postage	3123113	Chk #198649	757017, DOC: 523 Fun, 11/02/2021	Inv. Date:	-1.20	369.42
1/09/21	Disbursements	88 gifts b-day	3133113	Chk #198707	88293833, Time Zone, 11/09/2021	Inv. Date:	-84.99	284.43
1/12/21	Mail Room	10 Western Union		7007940790	Johnson, Bobbie Jeane		40.00	324.43
1/17/21	Point of Sale	60 Commissary		1528777	Commissary		-95.16	229.27
1/19/21	Disbursements	84 Library		Chk #199340	757790, DOC: 523 Fun, 11/10/2021	Inv. Date:	-10.30	218.97
1/19/21	Disbursements	81 Legal Postage		Chk #199344	758187, DOC: 523 Fun, 11/16/2021	Inv. Date:	-16.50	202.47
2/07/21	Mail Room	10 Western Union	341200	1900291922	Johnson, Bobbie Jeane		40.00	242.47

Clinic Location: Menard Correctional Center  711 Kaskaskia Street, Menard, IL 62259  Appointment Date: April 8, 2021  Moderna Johnson & Johnson LOT #033.03/A
Appointment Date: April 8, 2021 LOT #033.62/A
Cell Location: E 10.02 Offender ID #: \(\infty = 1830\)
COVID 19 VACCINE Registration and consent form
First Name: KEITH Last Name: FULEN MI:
Street: 711 Kaskaskia Street City: Menard State: IL Zip: 62259
Phone number: (618) 826-5071 Birthdate: 4/4/88 Age: 37 Gender: 19
Primary Care Physician: Menard CC
Are you experiencing any symptoms of the COVID-19 Virus?  Yes  No
Have you ever received a dose of the COVID-19 vaccine?
Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19  Yes
Do you have a history of allergic reaction or ever experienced a severe allergic reaction? Yes No
Have you received passive antibody therapy (monoclonal antibodies or convalescent Yes serum) as treatment for COVID-19?
Have you received another vaccine within the past 14 days? Yes
Do you have a bleeding disorder or are you taking a blood thinner?
Are you receiving influenza antiviral medications?
Are you pregnant or breastfeeding?
I have received a copy of the COVID 19 Vaccine Information Statement (VIS/EUA) and have read or had it explained to me. I have had a chance to ask questions, which were answered to my satisfaction.
I understand the benefits and risks of the COVID 19 vaccine and request that the vaccine be given to me/or the person for whom I am authorized to make this request.
PATIENT SIGNATURE: Rolly allen
**************************************
Dose: 1:
L R Deftoid Thigh IM 0.25 ml 0.50 ml Lot number: 6328217 Exp:
Dose: 1:  L R Detoid Thigh IM 0.25 ml 0.50 ml Lot number: 632821/7 Exp:  Health Care Provider Signature:  Date: 1.
Documented in I-Care: YES NO Initials:

MA 1 11 0 17 18 18 18 18 18 18 18 18 18 18 18 18 18	odema 🛭 Pfizer 🗆 t#: O38AO   A
E 10-02 Appointment Date: 03/11/2021	Ma1830
COVID 19 VACCINE Registration and consent form	
First Name: FITH Last Name: ALEN	MI:
Street: City: NA State 14 Zip:	Na_
Phone number: No Birthdate: 6-4-88 Age: 32	Gender: 19
Primary Care Physician:	
Are you experiencing any symptoms of the COVID-19 Virus?	Yes No
Have you ever received a dose of the COVID-19 vaccine?	Yes No
Have you had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19	Yes No
Do you have a history of allergic reaction or ever experienced a severe allergic reactio	n? Yes (No
Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?	Yes No
Have you received another vaccine within the past 14 days?	Yes No
Do you have a bleeding disorder or are you taking a blood thinner?	Yes No
Are you receiving influenza antiviral medications?	Yes No
Are you pregnant or breastfeeding?	Yes No
I have received a copy of the COVID 19 Vaccine Information Statement (VIS) and have explained to me. I have had a chance to ask questions, which were answered to my sat	
I understand the benefits and risks of the COVID 19 vaccine and request that the vacci me/or the person for whom I am authorized to make this request.	ne be given to
PATIENT SIGNATURE: Weith alley	
**************************************	*****
Dose: 1:	
2 Q R Deligid Thigh 1547 0.25 ml (7.50 ml Lot number Ex	p:
Nurse Signature: Date: 3	いっろり
•	<b>4</b>
Documented in I-Care: YES NO Initials:	W
	U

## ILLINOIS DEPARTMENT OF CORRECTIONS Health Status Transfer Summary

Allen	stody Information; Keith		ipa	N21830
5/20/22 175	ext Name	First Name	Mi	
The second secon	Dan Dým	(R)		
remerter Screening group held by transferring facility health care stady;	Food Handler Approved:		r discharge)	
errent / Acute Conditions / Problems:	1 and Hantales Approved:	700		4
terrent Medications (name, dosage, trapanay, and duratory:				
Acute Short-term: Chronic Long-term:	todication list			
Chronic Psychotropic:	CHICKLIO C CLAL			
Current Treetments:				
herspoutly Chies: K. Au Lan				
officer-Lin Care: 17 LIA		(*)		
A CONTRACTOR OF THE PARTY OF TH		129)	7	
Stronds Clinton:		2.2		
Specially Returned: Bental Heavith				(6)
	. e e	e of the		19.
Hyddfesial Medical History:		100	<u> </u>	
Playelosi Disabilities / Elimitations:				
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	9	· 본 - 영화 - 영화 - 보급증	77 - T	California (California)
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And the last beauty Almost Dige.	☐ Hix Peyrch Midd ☐ Hox	MPC/STC Subst	Gleises [] Décar	ee CI Phaelig A
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SU/Trace Description	xwan Bak K	MFC/STC Subset	6 ·	
Cutton Communication	xwan Bak K	MFC/STC Subset	6 ·	
SU/Trace Description	xwan Bak K	MFC/STC Subset	6 ·	
Current Committee	Dete: Assessment	MFC/STC Subset	6 ·	
SUVINGE DESCRIPTION OF THE PROPERTY OF THE PRO	Date: Assessment:  Plan: Obsposition:  (2) Health Information Given	The	(A)	
Constitution of the second contract of the se	Dete:  Assessment:  Plen: Oteposition:    Health information Given     Stok Crisk Unjoint / Routine	The	Referral:	BAAR.
Current Programme  Current Programme  Current Approximate Reporter:  Distriction Approximate Reporter:	Plen: Oteposition:    Health information Given   Stoic Calk Unjoint / Routine   Work / Proping in United Calk   Work / Proping	The Emergency	Rathereal:	BAAR.
Current Indications Treatment  Cupotics: Physical Appearance Behavior:  Determines: Acute/Chronics	Plen: Oteposition:    Health information Given   Stok Colt. Urgent / Routine   Work / Program Unitation   Work / Program Unitation   Informacy Philosophies   Informacy Phi	The Emergency	Referral:	BAAR.
Current Programme  Current Programme  Current Approximate Reporter:  Distriction Approximate Reporter:	Plen: Oteposition:    Health information Given   Stoic Calk Unjoint / Routine   Work / Proping in United Calk   Work / Proping	The Emergency	Rathereal:	BAAR.
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Current Indications Treatment  Determine: Appearance Belease:  Determine: Appearance Belease:  Determine: Appearance Belease:	Plen: Oteposition:    Health information Given   Stoil Call Urganit / Routine   West / Routine   West / Routine   West / Routine   West / Routine   Informacy Pistoermant   Other (specify):	The Emergency	Rathereal:	C) Chronic Car
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Description   Profession   Description   D	Date:  Assessment:  Plan: Obsposition:  Assessment:  Plan: Obsposition:  Health failt (urgaint / Routine)  Work / Program Unitedion  Infrinary Pisoemark:  Other (specify):  Determinantion/Manitoring:	The	Referral:	C) Churte Chr
Professional Professional Company   Profess	Dete:  Assessment:  Plan: Otsposition:    Health information (diven)   Stok Code (Import / Routine)   Medicator (Import / Routine)   Work / Program Unitation   Infrincery Placement:   Other (specify):  Deterntion/Manitoring:	The Special Oper      Specially Referrals     Approved	Referral:    Special Housing   Client (special):   Denlect	C) Churte Chr
Description   Profession   Description   D	Date:  Assessment:  Plan: Obsposition:  Assessment:  Plan: Obsposition:  Health failt (urgaint / Routine)  Work / Program Unitedion  Infrinary Pisoemark:  Other (specify):  Determinantion/Manitoring:	The Special Oper      Specially Referrals     Approved	Referral:    Special Housing   Client (special):   Denlect	C) Churte Chr

## Offender Outpatient Progress Notes

## **Menard Correctional Center**

Offender Information:		
Allen	- heith	10#: M21830
Last Name	First Name	MI MI

	Subjective, Objective, Assessment	Plans
6-5-23 4:57คค	Med Furlough Clerk Note:	***
	s.) Ø	P.) Waiting for report, will report to schedule once received to get individual scheduled wit N/P or MD
	O.) Faxed Wexford Health Service form to request medical records.	H. Rodgers H. Rodgers Med Furlough Clerk
	To: 0151	
	At fax number: 618-993-8188	
-		

Allen v. Hunter (23-3775) Bates Document No.: 000372

#### Offender Outpatient Progress Notes

### **Мелагd Correctional Center**

Offender Information:			
Allen Last Name	heith First Name	MI	ID#: M21830

Subjective, Objective, Assessment	Plans
Med Furlough Clerk Note:	
s.) Ø	P.) Waiting for report, will report to schedule once received to get individual scheduled with N/P or MD
O.) Faxed Wexford Health Service form to request medical records.	H.P.  Med Furlough Clerk
To: 0151	
At fax number: 618.993.8188	
	Med Furlough Clerk Note:  S.)  O.) Faxed Wexford Health Service form to request medical records.  To: 0151

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Center

#### ILLINOIS DEPARTMENT OF CORRECTIONS

#### **Offender Outpatient Progress Notes**

Menard Correctional

	Allen Kame	E1#1  First Name  MB  LDM: 21830
Date/Time	Subjective, Objective, Assessment	Plans
8.4.23	" JR" NO NOTE	f. FIUPRIL NSC
93°Am	S: RECeived AND Reviewed	
	He dical Furlough visit:	
0	3/3/23 - 0/5/ Posto	
	O: 0+ the flu C. Tunnel	
	POSTOP _ UrXho	
	released PK & FIV	
	PRN -	mmordularun pe
	· · ·	
0 343		
	·	

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## Offender Outpatient Progress Notes

		Menard Corr	ectional	Center
Chemical Gas (Pepper Spray Others)		Offender Information:	K	Eith ID#: Ma1830
Date/Time		Lubjective, Objective, Assessment		Plans
		ere you exposed to?		P) Patient Teaching
[6-24-0]	1 '			r) ration reaching
7151	- Respirator	Pappar SPIAY Distress?		- Major discomfort should disappear within 10-20
	Noopilatory	Ø		minutes
	97.7	P90 R/8 BP 128/ 1	NT C	- Avold rubbing eyes, scratching skin, etc
	Respiratory	Distress – Conscious		Continue self administered cool water compresses/rinses, PRN if necessary or may shower.
2 in 1997 (1997)		eyes, nose, mouth with wet cloths er. If on face wash with soap and		Avoid the use of topical creams, as they may cause future bums
	If coughing or any breathing problems, initiate oxygen by mask at 10-15 Liters/minute, call MD     If asthmatic, assess for exacerbation     Suction oral pharyngeal area as necessary		oxygen	Follow up in sick call if no improvement, or if symptoms worsen
	Respiratory	Distress - Unconscious		
	CALL 911			O: cont/ Pt was sprayed
		e, if breathing is adequate, insert an secretions	airway	Dr Security with Papper SPray
	- Oxygen by	ace mask at 10-15 L/min		Pt worked eyes at oxe
	- If no respira Ambu- bag	tions, initiate mouth to mouth brea - CALL 911	ithing via	Und Station in First-Aid
		id pulse; if absent, initiate cardiac ns - CALL 911		9 than Stated "I'm good"
	Skin/Eye Exp	osur <del>e</del>		11 6 6 11 11 12
		m area and contaminated clothing		- OK to Sand to North 2
Wash skin with copious amount of water minutes		rith copious amount of water for 1	0	
	Eyes can be	flushed for 15 minutes (remove o		- Α. Ι.Ι
	blinking to e			Nurse Signature Rule Chadle
	A) Chemical	Agent Exposure		Payment voucher XES NO
	L			

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#### **Offender Outpatient Progress Notes**

	Menard Correctional	Center
Non-Specific Discomfort	Offender Information:  Last Name  K	eth IDS: MAY830
Date/Time	Subjective, Objective, Assessment	Plans
11/30/23	S) - Any Allergies	P) MD Referral
93000	- Location of pain / discomfort	Patient presents more than twice at NSC for c/o same discomfort within one month
	- Describe pain Stabbling Throbbing Constant Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated	- Patient has abnormal vital signs
	- Rate pain level scale of 1 – 10  SKIN 7	No MD referral BUPROFEN 200MG TAB
	o) ONE DO & 19 8499 BOMILE	58109079 MENARD, 8TOCK 04/21/23 10/24/23 04/19/24 - Acetaminophen 325 mg, 1 – 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort  ( ) Signs of obvious discomfort  ( )	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	whed a this time	
	· Observations related to body part affected  Signify Swelling	Return to see provider if symptoms worsen or interfere with daily functioning
	1 Piney O who cina	
	Emaxment, able to make	a fist 5 diff. bap
	of many o Jun 1120	tach.
		Nurse Signature (No. A.)
	A) Non-Specific Discomfort	Payment voucher YES NO

Distribution Offender's Medical Record

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## **Offender Outpatient Progress Notes**

menaro Correctionas Center				
Offender Information:		-		
Allen	Kuth		m21830	
Last Name	First Name	M		

	Cast Marie	PISI NAME SHE
Date/Tim e	Subjective, Objective, Assessment	Plans
12/22/25	S) Restrictive Housing Placement	P) Proceed to RH, NSC PRN
20	O) No contraindications noted for restrictive housing	
	A RH	RES

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#### Offender Outpatient Progress Notes

## **Menard Correctional Center**

Offender information:		
Allen	Keith	M21830
Last Name	First Name	M

Date/Time	Subjective, Objective, Assessment	Plans
12/28/23 11:24 am	Med Furlough Clerk Note:	
	s.)	P.) Remove Medical Hold in O360
	O.) Patient's Medical Holds reviewed. All appointments completed. Medical Hold discontinued.	T. Klein Med Furlough Clerk
	A.) Remove Medical Hold in O360	

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#### Offender Outpatient Progress Notes

wenard Corr	ectional Center		
Offender Information:	deith First Name	MI	ID#: <u>M2</u>  830

Date/Time	Subjective, Objective, Assessment	Plans
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THAISY	\$ (1)	POCPM, Nac, PKI
7.000	70 tationt Scheduled	Louged Sr. Bloom
	on telepsych witas	
	BO-118/70 P-74	
	WT-185, R-16	
	I-97.1 02-99%	
	Door	
		(Chalans
		X. (2) NV

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#### **Offender Outpatient Progress Notes**

#### **Menard Correctional Center**

Offender Information:	•		• " •
Allen	heith First Name	1/0	10#: <u>M21880</u>
	THE THE		

Date/Time	Subjective, Objective, Assessment	Plans
9.28.23 12:47m	Med Furlough Clerk Note:	
	s.) Ø	P.) Notify and give a provider the report from from date of service.
,	O.) Received report from 0151 date of service 9.3.23	Med Furlough Clerk
	A.) Med Furlough report	
2/25/24	NP NOTE S. Rec/Rov.	f. FIUPEN
JR	0151 Visit 8/23	
925 Am	O: Bt CTReknew Visit	
	doing will . fillow up as	
	reeded -	mm osoknhamin ME

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Offender:	ILLINOIS DEPARTMENT OF CORRECTIONS Prescription Order Chart Copy (Not a prescription) ID #:		IN USING FROM BO
Allergies: NKDA	Facility:		Cell #: W
ORDER: (Physician's Signature A	lfter Last Order)		
DEA/Illinois Lic. #::	Physician (Print):		
			MD
May Not Substitute:			M.D.
Noted by:	Date:		DOC 0559
	ILLINOIS DEPARTMENT OF CORRECTIONS		Replace
	Prescription Order		
Offender:	Chart Copy (Not a prescription)ID. #:	Date:	
Allergies: NKDA	Facility:	_	
ORDER: (Physician's Signature Af	fter Last Order)		Cell #
DEA/Illinois Lic. #;;	Physician (Print):		
DEA/Illinois Lic. #::  May Substitute:	Physician (Print);		M.D.
DEA/Illinois Lic. #;:  May Substitute:  May Not Substitute:	Physician (Print):		M.D. M.D.
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:	Physician (Print):  Date:		M.D.
DEA/Illinois Lic. #;:  May Substitute:  May Not Substitute:	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS  Prescription Order		M.D.  M.D.  DOC 0559 (
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS  Prescription Order  Chart Copy (Not a prescription)		M.D.  DOC 0559 ( Replace)
DEA/Illinois Lic. #;:  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS  Prescription Order  Chart Copy (Not a prescription)  ID. #: M21830		M.D.  M.D.  DOC 0559 ( Replaces
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS  Prescription Order  Chart Copy (Not a prescription)  ID. #: M21830  Facility: Menard		M.D.  DOC 0559 ( Replace)
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA  ORDER: (Physician's Signature After)	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS  Prescription Order  Chart Copy (Not a prescription)  ID. #: M21830  Facility: Menard  der Last Order)		M.D.  M.D.  DOC 0559 ( Replaces
DEA/Illinois Lic. #::  May Substitute:	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS Prescription Order Chart Copy (Not a prescription) ID. #: M21830  Facility: Menard ter Last Order)  DOT		M.D.  M.D.  DOC 0559 ( Replaces
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA  ORDER: (Physician's Signature Aftent Itrazodone 50mg po qhs x 90 days	Date:    Date:		M.D.  M.D.  DOC 0559 ( Replaces
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA  ORDER: (Physician's Signature Aft  start trazodone 50mg po qhs x 90 days start buspar 10mg po bid x 90 days DO	Date:    Date:	Date:	M.D.  M.D.  DOC 0559 ( Replace)  1-18-24  Cell #.
DEA/Illinois Lic. #::   May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA  ORDER: (Physician's Signature Aft  start trazodone 50mg po qhs x 90 days start buspar 10mg po bid x 90 days DC  (Provider is aware of possible drug inte	Date:    Date:	Date:	M.D.  M.D.  DOC 0559 ( Replace)  1-18-24  Cell #.
DEA/Illinois Lic. #::  May Substitute:  May Not Substitute:  Noted by:  Offender: Allen, Keith  Allergies: NKDA  ORDER: (Physicien's Signature Aft  start trazodone 50mg po qhs x 90 days start buspar 10mg po bid x 90 days DC  (Provider is aware of possible drug inte	Physician (Print):  Date:  ILLINOIS DEPARTMENT OF CORRECTIONS Prescription Order Chart Copy (Not a prescription) ID. #: M21830  Facility: Menard  ter Last Order)  DOT  DT  eractions; please dispense)  Physician (Print): Morris A	Date:	M.D.  M.D.  DOC 0559 ( Replace)  1-18-24  Cell #:

## ILLINOIS DEPARTMENT OF CORRECTIONS Covid-19 Rapid Test Result Report

Facility	
Offender Name: Allen, Neith (Print Name)	10# MZ1830
Date of Test: 42/23	Time of Test:
Lot Number: <u>2010033</u>	Expiration Date:
COVID-19 Rapid Test Administered by:    COVID-19 Rapid Test Administered by:   COVID-19 Rapid Te	Enalla Con/CNA Signature/Title
Results of COVID-19 Rapid Test:	
Positive Negative	
Medical Provider Notified:Yes No	
If no, Reason:	
Medical Provider Signature	Date

	*BEGIN USING	FROM BOTTOM UP	
State of Illinois Dept. of Corrections	PRESC Chart Copy	RIPTION ORDER y (Not a prescription)	
Patient			Date:
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DEA/Illinois Lic. #		Physician (Print)	THE STATE OF STREET PROPERTY STATE STREET
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DCA 2000 N. 428-1417	ubstitute Noted by:	medical territory programs as a second of the second of th	M.D.
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Menard CC NKDA  State of litinois Dept. of Corrections	PRESCRI	PTION ORDER Not a prescription)	Date:
Menard CC NKDA  State of lithnois Dept. of Corrections Patient Allen	PRESCRICHART Copy (	PTION ORDER Not a prescription)	Date:
Menard CC  NKDA  State of litinols Dept. of Corrections  Patient Auen  Problem Percon  PROBER: (Physician's Signi	PRESCRI Chart Copy (	PTION ORDER Not a prescription) Reg # M218 Ocentine Cy	Date: W 109 Date: 4/22/2
Menard CC  NKDA  State of litinols Dept. of Corrections  Patient Auen  Problem Percon  ORDER: (Physician's Signi	PRESCRICHART Copy ( Keith  in alter Last Order)  Ita 60 mg P	PTION ORDER Not a prescription)  Reg # M2/8  Ocontinue Cy  O QHS × 4	Date: W 109 Date: 4/22/2
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Menard CC  NKDA  State of litinols Dept. of Corrections  Patient Auen  Problem Percon  PROBER: (Physician's Signi	PRESCRICHART COPY ( Keith  in  alure After Last Order)  ta 60 mg po Qf	PTION ORDER Not a prescription)  Reg # M2/8  Ocontinue Cy  O QHS × 4	Date: W 109 Date: 4/22/2

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State of Illinois Dept. of Corrections	Ci	PRESCRIPTION ORDER hart Copy (Not a prescription)	
Patient	•	Reg. #	Date:
ORDER: (Physician's	Signature After Last Or	rder)	
	ko .	Discololog (Delet)	•
☐ May Sul	bstitute		M.C
L. May Not DCA 7000 IL 486-1417	Noted by:	Physical (Pint)	Date:
State of Illinois Dept. of Corrections		PRESCRIPTION ORDER fart Copy (Not a prescription)	
Patient		Reg. #	Date:
Patient		Reg. #	Date:
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ProblemORDER: (Physician's	Signature After Last Or	rder)	
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DEA/Illinois Lic. # May No IL 486-1417	Signature After Last Or substitute Noted by:	PRESCRIPTION ORDER	Date:
DEA/Illinois Lic. # May No May No May No May No State of Illinois Dept. of Corrections	Signature After Last Or substitute Noted by:	PRESCRIPTION ORDER thart Copy (Not a prescription)	Date: 3/9
DEA/Illinois Lic. # May No	Signature After Last Or substitute Noted by:	PRESCRIPTION ORDER thart Copy (Not a prescription)  Reg. #	Date: 3/9
Problem ORDER: (Physician's  DEA/Illinois Lic. #	Signature After Last Or  abstitute bt Substitute Noted by:  C	PRESCRIPTION ORDER thart Copy (Not a prescription)  Reg. # MAI 830  Priori 375 12  Automate 7 Bu	Date: 3/9

## Offender Outpatient Progress Notes

Center

Menard Correctional

	Offender Information:  AUCU  Last Name	Heith ID#: M21830
Date/Time	Subjective, Objective, Assessment	Plans
18/3/23	S) Med Furlough Return	P)Follow up with NP/MD in 5 days
1030pm	O) Returned from scheduled medical furlough. No complaints voiced.	
1,3,4,4,	Paperwork forwarded to NP for review 0(S/ +/ a )05+00	
	No paperwork received	)
	A)med furlough	/ Steek
		( )
)		

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#### **Offender Outpatient Progress Notes**

Menard Correctional Center				
Offender Information:				
Keith	Allen		1D#: M 21830	
Lest Name	First Name	M	104. 44.00	

	Date/Time	Subjective, Objective, Assessment	Plans .
	11/19/23	CNA Note	P: CPM, NSC, PRN
	7:300	S: Ø	
		O: Scheduled for OPCL	
200		BP /	
	)	BP: 130/72 P: 103	
		A: OPCL	
1			
			Amanda Ruo, CNA
	)		

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

## ILLINOIS DEPARTMENT OF CORRECTIONS Health Status Transfer Summary

Transferring Facility: Individual incus Menard Connections  Canton	1	Keith	Ind	N2183
1/27/22 1526	est Name	First Hame	MI	
Date:	[] s.mp.m.		<u> </u>	
Transfer Screening (completed by transfering facility health ours staff):   H  Allergies:	IV Test & Counseling Offered (c	only transfers to ATC, parele, release	e or discharge)	
Current / Acute Conditions / Problems:	Food Handler Ap	proved:		
Chronic Conditions / Problems:	ZD .	-		
Current Medications (name, dosage, frequency, and duration):				
Acute Short-term:	1			V.
Chronic Long-term:	/ aned	•		
Chronic Psychotropic: Current Treatments:				
Content (1680) Prop.			•	
Therepautic Diéts: 1051000				1 224
Follow-Up Care:	27 1/3		61 J. S.	. 8
Chronic Clinics:	(#) (3)	S- 57, M.,		
Monto Albante			181	18.00
Specialty Referrals: ///////// TILALTIC	11 66			
Significant Medical History:				
		N 274 - 14	1 2 4 7	***
Physical Disabilities / Limitations:			0	=
			-	
Assistive Devices / Proethetics:				
Mental Health Isquee: [] Hx Suicide Attempt Date:  Self-Barrier Date:  Health Carr Sear And Title	Hix Paych		Gessee Dentu	ochol Derio
Health lieuses: I Hix Suicide Attempt Date:  AND SCHOOL OF THE SUICIDE ATTEMPT OF THE SUICI	Date: Assessment:	Med Hx MPC (STC Subs	tánoè Abuse: 📋 Al	ochol Derio
Subjective:	Suoun  Dete:	Med ☐ Hix MPC (STC Subs	tino Abuse: [] A	ochol Derrigo 17-3-3 Date
Nevertal Health Issues: Hx Suicide Attraptor Date:  Secretary Completed by receiving facility health care state:  Pacility:  Subjective:  Current Medications/Treatment	Suoun  Dete:	Med ☐ Hix MPC (STC Subs	tino Abuse: [] A	ochol Delig 7-3-3 Date
Monthal Health leaves:   If the Suicide Attention Date:  Compared by South of the Suicide Attention of the Suicide Attent	Date: Assessment:	Med ☐ Hx MPC (STC Subset of Street	tánob Abuse: [] Al	ochol Deligo Transia 7-3-3 Data
Nevertal Health Issues: This Suicide Attempt Determine Companies (Completed by receiving facility health care state):  Pacility:  Subjective:  Current Complaint:  Current Medications/Treatment	Date: Assessment:  Plen: Disposition:	Med Hx MPC (STC Subset of Control	tánob Abuse: [] Al	ochol Delig 17-3-3 Date
Needled Health Issues: This Suicide Attempt Determine the Companies of the	Date: Assessment:  Plan: Disposition:  Heatth Informa  Slok Call: Urg	Med	referral:	Cohol Derica 7.3.2, Data Data Dam
Nevertal Health Issues:	Date: Assessment:  Plen: Disposition:  Health Informa Slok Call: Ung.	Med	T-3	Date   Chronic Clinic
Nevertal Health Issues: His Suicide Attempt Deter:    Complete   C	Date: Assessment:  Plan: Disposition: Heatth Informs Sick Cell: Unp Medication Et	Med	referral:	Date P. M.
Nevertal Health Islaues: This Suicide Attempt Date:  Secretary Completed by receiving facility health care state:  Pacifity:  Subjective:  Current Medications/Treatment  Objective:  Physical Appearance/Behavior:	Date: Assessment:  Plan: Disposition: Health Informa Slok Call: Urg Medication E. Infirmary Place	Med	referral:	Date   Chronic Clinic
Nevertal Health Issues:     Hx Suicide Attempt Deter	Date: Assessment:  Plan: Disposition: Health (informat) Note / Program Informaty Place Other (specify):	Med	referral:	Date Clinic
Northal Health leaves: The Suicide Attempt. Date:    Complete   Co	Plan: Disposition:    Health Informa     Stok Call: Urg     Medication E     Hypry Program     Other (specify):	Med	Referral:	Date   Chronic Clinic
Northal Health leaves: The Suicide Attempt. Date:    Complete   Co	Plan: Disposition:    Health Informa     Stok Call: Urg     Medication E     Hypry   Other (specify:	Med	Referral:	Chronic Clini
Health leaves:   Hx Suicide Attempt. Date:	Date: Assessment:  Plan: Disposition: Health Informa Slok Call: Urg Michication El Monte (specify):  Other (specify):  Sign	Med	Referral:	Chronic Clini
Nevertal Health Issues:	Plan: Disposition:    Health Informa     Stok Call: Urg     Medication E     Hypry   Other (specify:	Med	trinob Abuse: [] Ale T-3-	Date Clinic
Newton Health Issues:   Hx Suicide Attempt Deter:	Date: Assessment:  Plan: Disposition: Health (informat) Health (informat) Health (informat) Other (specify):  Stone (specify):  Date	Med	trinob Abuse: [] Ale T-3-	Date Clinic
Newton Health Issues:	Date: Assessment:  Plan: Disposition: Health Informa Slok Call: Urg Michication El Monte (specify):  Other (specify):  Sign	Med	Referral:    Special Housing   Other (specify):	Date Clinic
Nevertal Health Resuses:     Hx Suicide Attempt Deter:	Date: Assessment:  Plan: Disposition: Health (informat) Health (informat) Health (informat) Other (specify):  Stone (specify):  Date	Med	Referral:    Special Housing   Other (specify):	Date   Chronic Clinic
Newton Health Issues:	Date: Assessment:  Plan: Disposition: Health (informat) Health (informat) Health (informat) Other (specify):  Stone (specify):  Date	Med	Referral:    Special Housing   Other (specify):	Date   Chronic Clinic

### **Offender Outpatient Progress Notes**

Menard Correctional	Center	
Offender Information: Aller Kettz		m 2/830
Lest Name	First Name	MI

Date/Time	Subjective, Objective, Assessment	Plans
7 -/6 -23	" JR" NO NOTE	0 to pro confe Nosc
3p	5: RECEIVED AND REVIEWE	d
	He dical Furlough visit:	
	O: Order for this visid -were	
	transcilled previous to	+
	A. JR	mencochalamo Ma

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DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

### Offender Outpatient Progress Notes

	Weitard Correctional	Center			
	Offender Information:  ALLEN KEITH	ID#: M21830			
	Last Name First Name Mil				
Date/Time	Subjective, Objective, Assessment	Plans			
6/28/2023 1240	PHYSICAL THERAPY REEVALUATION	P: D/C PT			
	S: Patient reports his wrist is getting better. His hand is healing. He hasn't been doing any working out. His wrist/hand still cramps up some when he's washing his clothes or wring out his sheets. He has occasional numbness. Asks how much longer he will be having physical therapy. Also asks when he can start doing things like push-ups. Patient reports he is now able to write with his right hand.				
	O: AROM: (R) wrist flex = 65 degrees.  Ext = 77 degrees.				
	Strength: (R) wrist and grip grossly 4+/5				
	Treatment: Patient utilized black digiflex (9#) for grip strengthening; completed wrist flex, ext, and radial/ulnar deviation with 1# wt; and completed finger ext strengthening with rubber band for resistance. Instructed patient in modification of push-ups, starting at wall and then progressing to bunk or sink, then property box, then floor. Patient performs push-ups this date at wall and high mat table, noting he can still feel a "knot" in his incision so he understands need for progression of push-ups and other activities.				
	A: Patient seen by skilled PT since 3/7/23 following (R) CTR on 3/3/23, with limited interventions since last reassessment on 5/10/23 due to lockdowns. Patient with increase of wrist flex ROM by 7 degrees since 5/10/23; wrist flex is only increased by 1 degree. He demonstrates 4+/5 strength at the wrist and hand. He is agreeable to discharge from skilled PT at this time with independent continuation of HEP.	Sauce Mage A			

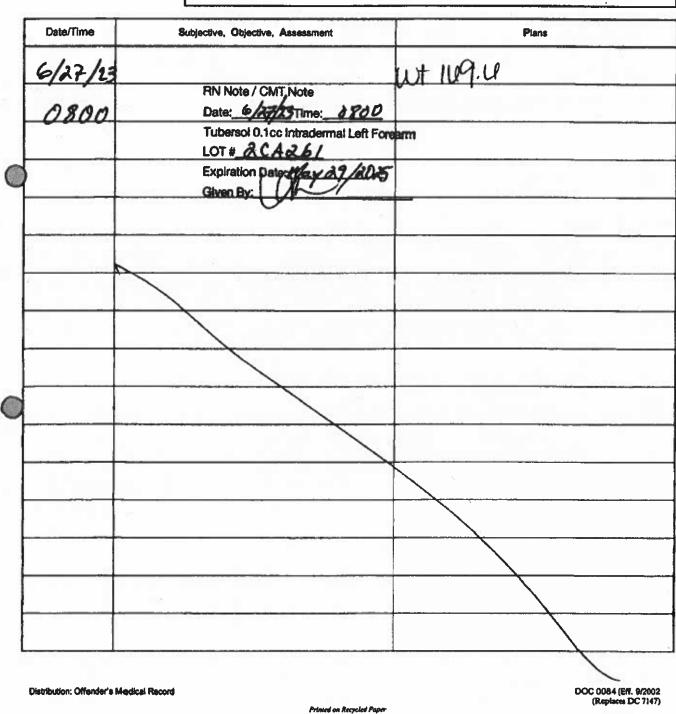
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DOC 0084 (Eff. 9/2002 (Replaces DC 7(47)

#### **Offender Outpatient Progress Notes**

#### **Menard Correctional Center**

Offender Information:			
auen	Keith		IDH: M21630
Lest Name	First Name	MI	



Allen v. Hunter (23-3775) Bates Document No.: 000375

## **Offender Outpatient Progress Notes**

Offender Information:	•		
Alla	(n	Kenth	ID#: MZ(830
Last Nan	ne	First Name	 10#:

	Date/Time	Subjective, Objective, Assessment	Plans
	25May 23	OPA rute	e) lot por
		b) pt State Same songton of week	
		0) not shipter exuris (D)	
	)	hard & wrist	
		A) complete no nu 150	
	617123	1 1	P: Recall
	18.30	of o'. He repelleded for A terwal Mi	4
		Lake. Not now 20 to Lock Down.	
		A. No KX provided.	crower haze tx
	4/8/23	DTA lot	U
7	Pres	5) BT	P) Ren
		must por	M
		A) Let ch	0)
	6/14/23	PT DOTE	P: Perall,
	0910	910: At 4 cheduled for At 10-was	
		this date. Not seen I to Lock !	non (
		A: No Rix Provided	vauerhag. A

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DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

## Offender Outpatient Progress Notes

	Menard Correction	nal Center	
	Allen	Kelt ID#;	M 2183
Date/Time	Subjective, Objective, Assessment	Plans	
15 June 23	MD not	0) Re D4	
94		. Ile	
, u	ppt pnot pue  prive  prive  prive  prot pou	P) Re Dt	
19	) Les ch		
22 Jul 23 11	n wo		
40 6	nt	0) The	
	opport you	01	
	A) Lu	080	
	J		
32.11 (81.83)			
tribution: Offender's Medica	il Record	oc	C 0084 (Eff. 9/2 (Replaces DC 7

#### **Offender Outpatient Progress Notes**

		Tectional	Cautai		
i	Offender Information:				
	Alien	Keith		M218	330
	(Inthine)	_ <del></del>			ID#:
	Leut Name		First Name	MI	

Date/Time	Subjective, Objective, Assessment	Plans
1/9/2023 2:24 pm	Med Furlough Clerk Note:	
	s.)(C)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigne to med furlough contact list.
	O.) Scheduled individual in custody for a R Carpal Tunnel Release Auth: 517035551	L. Miles Med Furlough Clark
	A.) Med Furlough appointment	
Ĺ		

**ILLINOIS DEPARTMENT OF CORRECTIONS** 

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me: (130 gram		0.000.5					
Objective: System	Normal	ABN	Explanation:		110211		
Head, Neck, Face, & Scalp							
Nose and Sinuses	1		677				
Mouth and Throst	+/-	-	Oral Condition: Salutu ctory	Hearing:			
Ears	1		Normal/Grossly Intact:	Diminishe	ed: Wal	_ L- U	NL
Eyes	1/		Pupils: PEAU Accommodation: Eam usu	Fundosco	opic:	/	
Lungs and Chest including Breast	1		Auscultation:				
Heart ,	1		Rate: CRR.	Size: Murmurs		(A)	A STATE OF
Vascular	1						
Abdomen	/		Consistence Consis	Tendemi Scars:	888: Ø		
Anus, Rectum (Prostate – 40+ Male Only)	Pilus	0	Visual: Digital: Chune	l Guaiac +	·/•/R:		
Genito-Urinary System	Rece	nel					
Upper Extremities			Strength: ROM:				
Lower Extremities			Strength: ROM	3.22			
Spine and Musculo-Skeletal					77770	- 3	
Skin and Lymphatics							
Neurologic DTR's			Romberg: Blceps: Patella:				
Mental Status	10000						
Pelvis (Female Only)			Cervix: Fundus;	Vaginal PAP:	Canal:	□ N	□R
Manylaxu USU				prele plan)  (1) Yes  (2) Yes	ELVO		
NO (MEN)			Food Handler Status:	₩ 168	<u></u>		
							_
WC 2000							

000327

## Offender Outpatient Progress Notes

Menard Cor	rectional	Center		
Offender Information: Alien	Keith		M21830	
Lest Name	_	First Name	MI)	ID#:

Date/Time	Subjective, Objective, Assessment	Plans
3/10/2023 12:53 PM	Med Furlough Clerk Note:	
	s.)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.
3	O.) Scheduled Individual in Custody for a Post Op Auth: 517035551	L. Milgs Med Turlough Clerk
	A.) Med Furlough appointment	
}		

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## **Offender Outpatient Progress Notes**

Center

Menard Correctional

	Allen Lesi Name	Heith ID#: M21830
Date/Time	Subjective, Objective, Assessment	Plans
3/20/23	S) Medical Furlough Return	P) Follow up with NP/MD in 5 days
940sm	O) Individual returned from scheduled Medical Furlough.	
	No complaints voiced.	
2	Paperwork given to NP/MD for review	Nu )
	No paperwork received	
	A)Medical Furlough return	Shukn
?		

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## ILLINOIS DEPARTMENT OF CORRECTIONS Offender Outpatient Progress Notes

## Menard CC CENTER

Offender Information		
ALLEN	KEITH	ID#:M21830
Last Name	First Name	

Date / Time	Subjectiv	ve, Objective, Assessment	Plans
5/8/2023	RN/LPN/Phlebotomist Not	Circle One )	
Sp	Lab Note:		
	Scheduled for	JUNE PE	
	PE- CMP/LPD		
	Dong : Yes No	Signed Refusal : Yes No	
	Recall:		,
	Unable / Ate / Work / Move /	/ No Show / Security / Other	
			Tonya Laren
			vigu Xuii C
		1	

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### Offender Outpatient Progress Notes

Menard	Correctional	Center		
Offender Information: Allen	Keith	M21830	104.	
Last Name	Fir	st Namo MI	ID#:	· · · · · · · · · · · · · · · · · · ·

Date/Time	Subjective, Objective, Assessment	Plans
5/15/23 1:04 pm	Med Furlough Clerk Note:	
	s.)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.
7	O.) Scheduled individual in custody for a Post Op F/U. Auth: 517035551	T. Klein Med Furlough Clerk
	A.) Med Furlough appointment	
-		
3		

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State of Hilnols Dept. of Corrections	PRESCRIPTION ORDER Chart Copy (Not a prescription)	
Patient	Reg #	Date:
Problem		
ORDER: (Physician's Signature A	ifter Last Order)	<del></del>
Pre-Additional Line Al	Physician (Print)	
DEA/Illinois Lic. # May Substitute	/	M.D.
May Not Substitute	by:	Date:
	•	
State of Illinois Dept. of Corrections	PRESCRIPTION ORDER Chart Copy (Not a prescription)	/
Patient delle Le	Reg. # M2 / 8	30 Date: 35
Problem		
ORDER: (Physician's Signature Af	fter Last Order)	00-1/
Typeno	Stame otens We	PRALL
Mcd1 400	mx Jab 080 Pl	2/1)
DEA/Illinois Lic. #	Physician (Priet)	M.D.
☐ May Substitute ☐ May Not Substitute _	9.542 / 17/1/1/	MD
DCA 7000 IL 426-1417 Noted I	by: AL distance of the state of	Tally:/
. ,		
State of filinois Dept. of Corrections	PRESCRIPTION ORDER Chart Copy (Not a prescription)	mic
Patient Allen Keith	Reg. # M 21/30	Date: 3 >/
Problem	110 100	· · · · · · · · · · · · · · · · · · ·
ORDER: (Physician's Signature Af	PRO Y JUNE	<u> </u>
Then Change to	Trancel 508 1 HARPO PRIDO X S	י אאנ
DEA/Illinois Lic. #	Physician (Print) #De	amorature
☐ May Substitute		M.D. M.D. Date: 3
May Not Substitute _	by: Not Only IN	Date: 3

5			·
State of Illinois Dept. of Corrections	PRESCRII Chart Copy (I	PTION ORDER Not a prescription)	
Patient		Reg. #	Date:
Problem			
	ture After Last Order)		
DEA/Illinois Lic. #		Physician (Print)	. M.D.
☐ May Not Sub	ie stitute		, M.D.
DCA 7000 IL 429-1417	Noted by:		Date:
	*	/·	
		/	
State of Illinois	PRESCRIF Chart Copy (N	TION ORDER	
Patient		Reg. #	Date:
Problem		/	<u> </u>
ORDER: (Physician's Signa	ture After Last Order)	/	
DEA/Illinois Lic. #		Physician (Print)	
☐ May Not Sub	estitute	/	
DCA 7000 L 426-1417	Noted by:		Date:
	/	됨.	
11/10 <del>:</del> A	2		
State of Hillinois	Specchik	TION ORDER	
Dept. of Corrections	Chart Copy (N	lot a prescription)	
Patient Alle	Leish /	Reg. # M21830	Date: 3/2//
Problem Per	or tho /hor:	Scan mas	Jane
ORDER: (Physician's Signa	ture After Last Order		
MARIER	De Conser A	Alixaian /	Dener 115
Massacol	daily th	Media AD AD	Mina Va
DEA/Illinois Lic. #	- Mila 1	Physician (Print)	The same
☐ May Substitut		r nyawan (Fillin	men / M.B.
☐ May Not Subs			

# Offender Outpatient Progress Notes \*\*Menancl Carr Center

Offender Information:		
Allen	Keith	Mal830
Last Name	First Name	MI

Date/Time	Subjective, Objective, Assessment	Plans
4127122 1430	MPNOFE	P) hew order Remit
	SO) medical Furlange	Cock up wrist brace
	Reture orders from	Puntter for
)	QISI.	use at night
)	4)	PRN. PI modalitie
		and my of ascial
		release. MPCL amiffy
		melopican 7.5 mg
		PO QO x 3 months
		Flyc D. MasonPAC
		in amonths referre
		Chancer
		L'unine C

Distribution Offender's Medical Record

## Offender Outpatient Progress Notes

	Menard Corrections	L Center
	Offender Information:  Allen Lest Name	Seith Both Mal8:
Date/Time	RN Note: Subjective, Objective, Assessment	Plans
ووادداه	S) Medical Furlough Return	P) Follow up with MD/NP in 5 days
150 PA	O) Inmate returned from medical furlough. No	Seen by m++
18 118	complaints voiced.	
w	Paperwork received and forwarded to Medical Furlough clerk.	
	No paperwork received.	
	A)Medical Furlough Return	PShephi M
14		
	A secondary for	- 1000000000000000000000000000000000000

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## **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

ı	Offender Information:			
	Allen	Vailla		1101020
Į		<u> Fam</u>		ID#:  V  V  X りし
1	Last Name	First Name	MI	

Date/Time	Subjective, Objective, Assessment	Ptans
10/3/22	Med Furlough Clerk Note:	
12:48 pm	s.) Ø	P.) Notify and give a provider the report from from date of service.
	O.) Received report from 0/5/date of service 9/27/22	M. Miles Med Furlough Clerk
	A.) Med Furlough report	
10/4/20	Neval	p. Referral places for
140pm	Shi. Received a Reviewednice	2. Reflect places for Lmother & OESE
	furunt your today from	
)	9/27/22 Sen OIST-Seen	
	for numbers of tingling mostly	
	for numbers othyling mostly inthums, index, languaring	
	Sometimes in Sm. figer-recum	مدد ح
	motiu majoricam given for ?	08
	PKN. Recomme PT & tower	
6	FAMIT Brave Hs.	autre

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## **Offender Outpatient Progress Notes**

	Offender Information:	
	Orrender Information:	
	Allen	Veita IDM: M2 LB3
	Last Name	First Name MI
	1:	
Date/Time	Subjective, Objective, Assessment	Plans
9/21/2	NP Note	P: New referral placed today.
Jush	S/O: Individual in custody not able to have	Referral request:
	evaluation/consult/procedure/follow up at a	
	SIH facility due to needing new referral from	
Ш	an approved provider registered with	
-	Impact.	and the second
	A: Update Referral	
		Quidemen
4.		
y 77		
	/(0	

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#### **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

	Allen	Keith	M21830
	Last Name	First Name	ID#:
Date/Time	Subjective, Objective, Assessment		Plans
10/4/22 6:06 pm	Med Furlough Clerk Note:		
s	, Q	P) Send referral approval/auth#.	to utilization management fo
0	) Received a referral for an Ortho F/U		
A	.) referral	T. Klein Med Furlough Clerk	Iklen
			44
00.000			
			Notice to the second se

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#### **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

Offender Information: Allen	Keith	M21830
Lest Name	First Name	ID#:

Date/Time	Subjective, Objective, Assessment	Plans
10/4/22 6:06 pm	Med Furlough Clerk Note:	
	s) Q	P) Send referral to utilization management for approval/auth#.
	O) Received a referral for an Ortho F/U	
	A) referral	T. Klein Selevi Med Furlough Clerk

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## Offender Outpatient Progress Notes

Menard Correctional

Offender Information:

Center

Non-Specific Discomfort	Clou	Turth First Name	ID#:MAISSO
Date/Time (NH-Yours	ubjective, Objective, Assessment		lans
NIZZ S) - Any Alle		PY MD Referral	
630A - Location of PA	pain / discomfort	discomfort within one mor	
Sarino	probbing Constant Infermitten Etc.	- Patient presents with sign	s of acute, severe discomfort
- Have you o	d this pain before and how was it treated	- Patient has abnormal vital	signs
- Rate pain le	vel scale of 1 10		· ·
- Duration of p	pain	No MD referral	
0) 914	PSOR 16 BY WISC	- Acetaminophen 325 mg, 1 3 days (18 tablets)	- 2 tablets t.i.d. PRN X
- Signs of obvi	bide of Jalm on 14 ho	- Ibuprofen 200mg 1-2 tabs tabs)	Ll.d. PRN for 3 days (18
	related to body part affected	Patient reaching	
- Obsentation	Prelated to body part affected  Prelated to body part affected	- Return to see provider it sy with daily functioning	mptoma worsen or interfere
	work- Rom uni-th	>	
nurse co	n observe primering c	Certain Ron	1-
Simua			
on bed	& put wist. Sla	Nurse Signature	+
A) Non-Specific	+ ande couch swort	Ridio	ES NO
A) NOIN-Specific	Distantion ( , ,	rayment Y	ES NO

# #2428 ILLINOIS DEPARTMENT OF CORRECTIONS Health Status Transfer Summary

Transferring Facility:			Ko.+	10	400	~~~ \@\
Managed Constant	Allen	<u> </u>	Deit	<u> </u>		*: LUS 183
Menard Correctional Center		est Name		First Name	MI	
Date: 10/30/22 Time	·	Ø-e.m. □ p.n				
Transfer Screening (completed by transferring facility	ly health care staff): 🔲 Hi				or discharge)	
Allergies: NCOC		Food Handi	er Approved: 6	ufia on		
Current / Acute Conditions / Problems: Acute Chronic Conditions / Problems: New Fall	I.a. Ola					
Current Medications (name, dosage, frequency, any						
Acute Short-term: Molosc 7.5 mg	Dada					
Chronic Long-term:	3					
Chronic Psychotropic: Cumin 250.	30metts					
Gurrent Treatments: PT	-					
Therapeutic Diets:			· · · · · · · · · · · · · · · · · · ·		-	-
Follow-Up Care: PH C						
Chronic Clinics: (Q						
Specialty Referrals: Dervo-Rhand	Dans and Sund	الم				
		-				
Significant Medical History:						
Physical Disabilities / Limitations:						
HAMES CARREST AND A CHIMERRALIA:						
Assistive Devices / Prosthetic & Waret Ric	244				Glasses 🗌 Denti	
		de 40 P	sych Med 🔲 Hx	MPC/STC Subst	ance Abuse: A	Acohol Bury
Mental Health Issues:				MPC/STC Subst	ance Abuse: A	
Mental Health Issues: Hx Suicide Attempt R & C Use Only: LAB EKG  Jeremy Butler, CN2	Date:		Other:	MPC/STC Subst	ance Abuse: A	t Complete
Jeremy Butler, CN2 Health Care Staff and Title	Date: Dental			MPC/STC Subst	ance Abuse: 🖅 A	icohol Drug
Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: LAB E EKG  Jeremy Butler, CN2  Health Care Staff and Title	Date: Dental		Other:	MPC/STC Subst	ance Abuse: < A	Nechol
Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: AB EKG  Jeremy Butler, CN2  Health Care Staff and Title  Reception Screening (completed by receiving facility  Facility:	Date: Dental	Date:	Other:	MPC/STC Subst	ance Abuse: < A	vicohol BDnig et Complete
Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: AB EKG  Jeremy Butler, CN2  Health Care Staff and Title  Reception Screening (completed by receiving facility Facility:  Subjective:	Date: Dental	MEDS MI	Other:	MPC/STC Subst	ance Abuse: < A	Nechol
Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: AB EKG  Jeremy Butler, CN2  Health Care Staff and Title  Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:	Date: Dental	Date:	Other:	MPC/STC Subst	ance Abuse: < A	Nechol
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Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: HAB EKG  Jeremy Butler, CN2  Health Care Staff and Title  Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Disjective:  Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Date:  CXR Dental  CXR Dental	Date:  Assessment:  Plan: Disposition Health Info Sick Call: Medicate Unformary 6 Other (spe	Signature  Signature  Signature  Ormation Given Urgent / Routine on Evaluation regram Limitation regram Limitation recomment:	MPC / STC Subst	e:    Special Housing   Other (specify):	licohol Drug t Complete  2 Date
Mental Health Issues: Hx Suicide Attempt:  R & C Use Only: HAB EKG  Jeremy Butler, CN2  Health Care Staff and Title  Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Medications/Treatment:  Disjective:  Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Date:  CXR Dental  CXR Dental	Date:  Assessment:  Plan: Disposition Health Info Sick Call: Medicate Unformary 6 Other (spe	Signature  Signature  Signature  Ormation Given Urgent / Routine on Evaluation regram Limitation regram Limitation recomment:	Tim  Tim  Tim  Tim  Tim  Therapeutic Diet  Speciatty Reterrats	e:    Special Housing   Other (specify):	licohol
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## **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

Offender Information:	Keith	ic	o#: M21836
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Date/Time	Subjective, Objective, Assessment	Plans
10/24/02	Med Furlough Clerk Note:	
aism	s.) A	P.) Notify all necessary departments and complete all necessary paperwork.
	O.) Appointment for above individual in mula custody has been cancelled/changed due to substitution of the	T. Klein Med Furlough Clerk
	A.) Cancelled Med Furlough Appointment.	
0		
		P
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Distribution: Offender's Medical Record

## **Offender Outpatient Progress Notes**

	Correctional	Center
Offender Information: Allen	Keith	M21830
Last Name	Fest	Name MI 10#:

Date/Time	Subjective, Objective, Assessment	Plans
10/24/22 9:45 am	Med Furlough Clerk Note:	
	s.) D	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigned to med furlough contact list.
<i></i>	O.) Scheduled individual in custody for an Ortho F/U. Auth: 638588924	T. Klein Med Furlough Clerk
	A.) Med Furlough appointment	

## **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

Offender Information:	Keith	M21830
		ID#:
Lest Name	First Name	MI

Date/Time	Subjective, Objective, Assessment	Plans
10/12/22 11:15 am	Med Furlough Clerk Note:	
	s.)	P.) Schedule individual in custody for upcoming appointment.
)	O.) Received auth # and letter for an Ortho F/U. from WHS UM auth # 638588924	T. Klein Med Furlough Clerk
	A.) Referral.	
) _		
Street Street		
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Distribution: Offender's Medical Record

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Outpatient Progress Note

**Menard Correctional Center** 

ALLEN	KEITH	ID#:M21830
Last Name	First Name	

10/10/2022 10a	RN/CMT note: Subjective, Objective, Assessment		Plans
	PLEASE RESPOND TO EACH QUESTION WITH YES OR NO(only if taking vaccine)		480-23-24
	Have you ever had an allergic reaction to flu vaccine?	Yes	No <u>X</u>
	Do you have a history of Guillain-Barre Syndrome: (illness associated with swine flu in 1976 characterized by fever, nerve damage, and muscle weakness)?	Yes	No <u>X</u>
	Are you allergic to Thirmerosal ( a mercury-based preservative)?	Yes	No_ <u>X_</u>
	Are you allergic to latex?	Yes	No <u></u>
	Do you feel ill today or do you have a fever ?	Yes	_ No <u>X</u>
	Are you currently taking an antibiotic for infection ?	Yes	No <u>X</u>
	Are you allergic to eggs ?	Yes	NoX_
	** V I consent to have the vaccine Signature With allen Date 10/9/22		
	I refuse a flu vaccination at this time Signature Date		
	FOR CLINIC USE ONLY		
	Manufacturer : Flucelvax Lot# AS1595B		
	Expiration Date : June 30, 2023		
	Site of Injection Right Left Deltoid Other		
	Signature and Title of Vaccine Administrator		

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#### Offender Outpatient Progress Notes

## **Menard Correctional Center**

Offender Information: Alten	Keith		M21830
Last Name	First Name	MI	ID#:

Date/Time	Subjective, Objective, Assessment	Plans
12/15/22 2:15 PM	Med Furlough Clerk Note:	
)	S.)	P.) Schedule individual in custody for upcoming appointment.
	O.) Received auth # and letter for a R Carpal Tunnel Release. from WHS UM auth # 517035551.	T. Klein Med Furlough Clerk
1	A.) Referral.	
samey		

Distribution Offender's Medical Record

## Offender Outpatient Progress Notes

	Menard Corre	ctional Center		
Off	ender Information:			
	Allen	he. th	ID.	M2/830
	Last Nama	First Name	MI IDS	

Date/Time	Subjective, Objective, Assessment	Plans
12.1-22	JR NPNOTE STOPPEN	P Parmit yes :
JR	0151 vs & 11/15/22	RT Wrist BRAGE
)	O: suggesta	· Cockup"
)	BT Wrist BRAGE	Kyenral requested for
	& C. Tumel	5100 121. for
	Sury R Wrist	RT Co Tremal sury
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## **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

	Offender Information:		
	Allen	Keith	M21830
	Last Name	First Name	Mt
Date/Time	Subjective, Objective, Assess	ment	Plans
	Med Furlough Clerk Note:		THE PARTY IN
11/17/22 12:12pm	s)	P) Send re	ferral in for Wexford approval.
	O) Received referral for right carpal tune	nel release.	=0
	A) Collegial referral	E. Young Med Furloug	h Clerk
			0
			And the second s
. 4			
			220

Distribution: Offender's Medical Record

## Offender Outpatient Progress Notes

Center

Menard Correctional

Date/Time	RN Note: Subjective, Objective, Assessment	Plans
11200	S) Medical Furlough Return	P) Follow up with MD/NP in 5 days
4 78	O) Inmate returned from medical furlough. No	Seen by mit
98%	complaints voiced.	
gans.	Paperwork received and forwarded to Medical Furlough clerk.	
ardraster	No paperwork received.	
	A)Medical Furlough Return	Phys m
16122	MEDICAL RECOVERANCE	
450	S. MITTER	
	A. ALCONACO CARRA DE PROPERCIONA	
	45 saus	Bacher
	1 8	0

istribution: Offender's Medical Record

(Replaces DC 7147)

### **Offender Outpatient Progress Notes**

Menard Correctional		Center			
Offender Information: Allen	Keith			M21830	
Last Name		irsi Name	M	ID#:	_

Date/Time	Subjective, Objective, Assessment	Plans
11/3/22 12:37 pm	Med Furlough Clerk Note:	
	s.)	P.) Complete med furlough notification for Angela Crain approval/signature. Copies provided to Record office, scanned and emailed via institutional email to staff assigne to med furlough contact list.
)	O.) Scheduled individual in custody for a Ortho F/U Auth: 638588924	T. Klein Med Furlough Clerk
	A.) Med Furlough appointment	

Distribution: Offender's Medical Record

## Offender Outpatient Progress Notes

	MENARD	CC	Center	
	Offender Information:		<del>-</del>	
	Allen	Keith		M21830
	Last Name		First Name	ID#:
Date/Time	Subjective, Objective, Assessment			Plans
3/27/2023 2:18 pm	Med Furlough Clerk Note:			
	0		P: Schedule approv	ed referral
	O: Received an approval for a Post Op Ortho F/L with auth# 517035551	ט	Dut.	7
	A: Approved Referral		L. Miles Med Furlough Cler	k
		0		
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## **Offender Outpatient Progress Notes**

## **Menard Correctional Center**

Offender Information:			
Allen	heith		ID#: M21830
Lest Name	First Name	M	

Date/Time	Subjective, Objective, Assessment	Plans
3.87.23 11:49 <b>a</b> m	Med Furlough Clerk Note:	
	s.) <b>Ø</b>	P.) Notify and give a provider the report from from date of service.
	O.) Received report from OIS/ date of service 3. 20.23	H. Rodgers Med Furlough Clerk
	A.) Med Furlough report	
	Addition principal and delication an	

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